

Sign Out Edit View Format Chat/Help

**ICANotes**  
Behavioral Health EHR

**Demographics**

**Continue** Photo **Chart Details** **Ramire** Patient

Anaphylactic Reaction Reported

**Patient Information**

\*Name (F,M,L,Suffix) **Daniella Ramirez**

Homeless Address **3 Rio de Arenas #D1**

Bad Address Addr 2 / Appt # **Grant**

Sample County **Grant**

Chart City, State, Zip **Arenas Valley NM 88022**

Best Phone Home Phone **US**

Home Cell Phone **(575)223-8062**

Work Cell Phone **ext**

Work Phone **Portal**

**Patient Status**  
 Active  
 Inactive  
 Pending

API

Appt Reminders via:  Email  Text Message  Phone Message

Employment Status **Full-time Employee**

School or Employer **High School Graduate**

Grade **12**

Marital Status **Married**

Birth Order

Multiple Birth

Sexual Orientation **Homosexual**

\*Ethnicity **Hispanic or Latino**

Ethnicity 2 **White**

Religion **Christian**

Annual Household Income **\$50,000 - \$74,999**

Family Size **4**

Veteran  Y  N

\*Race **White**

Race 2 **White**

\*Preferred Language **English**

Disability **None**

Native American  Y  N **Tribal Affiliation**

Assigned Providers  
Daniella Ramirez, CPSW Role **Principal**

Release of Info

Patient Calendar Note

**Where Seen**

Primary **SPIN Supporting** Add New Location

Red fields are required Blue fields are optional but add info to clinical note.  
\* = Required for Meaningful Use **✓** = Patient Has Accessed Portal

Show Fields used by elec